APPENDIX E

PURCHASE INVOICE AND HORSE PASSPORT – POPPET

The attached invoice dated 18 July 2012 confirms the purchase by the applicant of a young mare called Poppet (d.o.b. 1 January 2009) from the Beeston Castle Auction (Horse & Tack) market, managed by Wright Manley. Also attached is the previous owner's passport for the horse. While the passport was never updated to reflect the change in ownership, it records equine flu vaccines given to the horse on 28 July and 28 August 2020.

identibase®

The UK's most advanced pet microchipping service

Poppett — Pet Name

[redacted]

[redacted] — Microchip Number

Visit www.identibase.co.uk to complete registration

Partners:-
N. A. Eckersley FRICS.
H. P. Wright MRICS.
P. D. Lewis BSc. (Hons.) MRICS.
A. K. Wallace BSc. (Hons.) MRICS FAAV FLAA.
C. G. Norbury FLAA.
M. E. Lewis BSc. (Hons.) MRICS.
M. Johnson MRICS.
M. H. Scott

Wright Manley

Chartered Surveyors • Auctioneers • Valuers • Land & Estate Agents

Accounts Department
Beeston Castle Auction
Beeston, Tarporley
Cheshire CW6 9NZ
Tel: 01829 262100
Fax: 01829 262110

VAT Registration No. 159 5226 46

TERMS OF SALE-CASH
INTEREST CHARGEABLE FROM DATE OF PURCHASE AT 2% OVER BARCLAYS BANK PLC BASE RATE.

TITLE DOES NOT PASS UNTIL ACCOUNT IS PAID IN FULL

[redacted]

VAT REGN NO: NOT KNOWN

ACCOUNT REF.	BOUGHT AT:	DATE:	BILL NUMBER:
[redacted]	BEESTON (Horse & Tack)	18 JUL 12	76521 / 1

LOT REF.	QTY.	BREED	TYPE	DESCRIPTION	O/C	WEIGHT	PRICE	AMOUNT
43	1			MARE + FOAL	Poppet		[redacted]	

[redacted]

Vatable Services [redacted]
VAT on Services

Net Value

[redacted]

safety in numbers

FARMKEY

EQUINE PASSPORT

FARMKEY

safety in numbers

FARMKEY, ALPHA BUILDING, LONDON ROAD, NANTWICH, CHESHIRE CW5 7JW
Telephone **0870 870 7107** Fax **01270 616702**
email info@farmkey.co.uk www.farmkey.com

Issue Date: 30/06/2009

[redacted]

FARMKEY PASSPORT

Identification Number:
No d'identification:
[redacted]

Animal Name:
Nom:
POPPET

Breed/*Race*
COB

Colour/*Race*
PIEBALD

Sex/*Sexe*
FEMALE

By/*Par*

and/*et*

By/*Par*

Name and Address of Owner
Nom et Adresse de propriétaire
[redacted]

Date of Foaling/*Date de naissaince*
01 JAN 2009

Place where Bred/*Lieu d'elevage*

Breeder(s)/*Naissseur(s)*

Signature (name in capital letters and capacity of signatory)
Signature (nom en letters capitales et qualite du signataire)
[redacted]

Tel: [redacted]

Nationality:
Nationalité
BRITISH

Email:

Stamp/*Cachet*
FARMKEY APPROVED

FARMKEY
safety in numbers

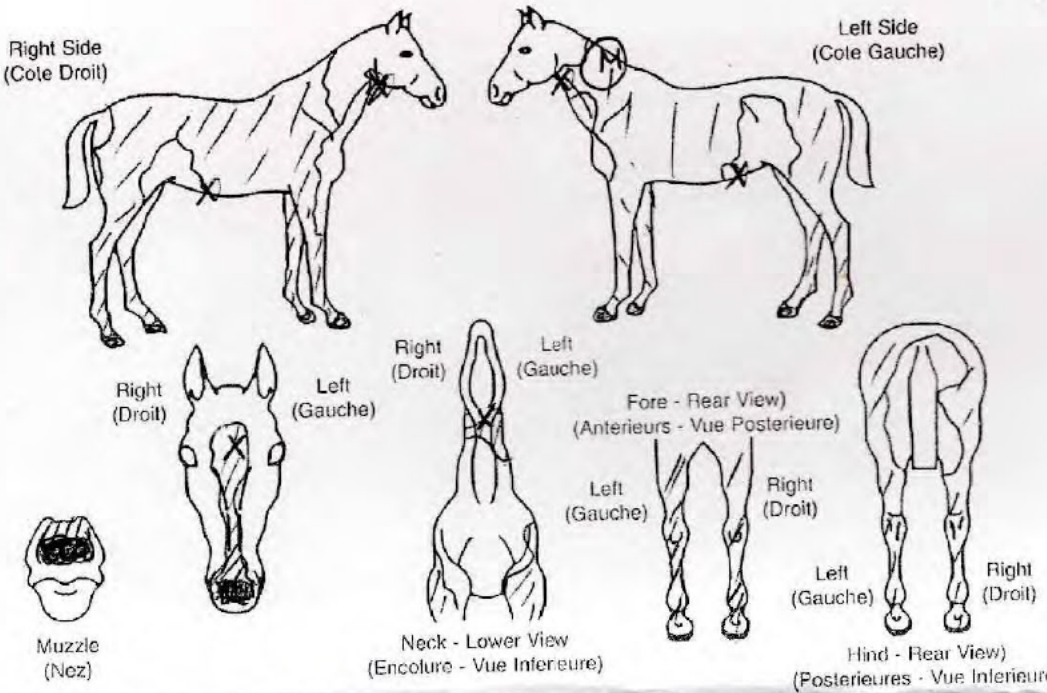
Farmkey, Alpha Building, London Road, Nantwich, Cheshire CW5 7JW
Telephone 0870 870 7107 Fax 01270 616702 Email info@farmkey.co.uk

FARMKEY

Horse Markings POPPET

985 111 002 083 828

Wrexham Equine Care



Head *Tete*	SIMPLE WHORL ON MID LINE AT EYE LEVEL. BLAZE DOWN FACE TO FLESH MARK ON MUZZLE.
Neck *Enclosure*	SIMPLE WHORL ON MID LINE AT UPPER THROAT.
Left Foreleg *Ant. G*	WHITE HOOF. WHITE LIMB.
Right Foreleg *Ant. D*	WHITE HOOF. WHITE LIMB.
Left Hindleg *Post. G*	WHITE HOOF. WHITE LIMB.
Right Hindleg *Post. D*	WHITE HOOF. WHITE LIMB.
Body *Corps*	BILATERAL BELLY WHORLS.
Other Features *Marques*	

I confirm that the abo[redacted]

Signed	
Date	2016/09.

FARMKEY

SECTION V

Equine Influenza Only
Vaccination Record POPPET
Details of every vaccination which the horse undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian.
Grippe équine seulement
Enregistrement des vaccinations
Toute vaccination sublie par le cheval doit être portée dans le cadre ci-dessous de façon lisible at précise avec le nom et la signature du vétérinaire.

Date *Date*	Place Lieu	Country Pays	Vaccine/Vacin Name/Nom	 Batch Number/Numéro du lot	Name (printed) and signature of veterinarian Nom en capitales et signature du véterinaire
28/07/2020	Wrexham	UK	[redacted]	[redacted]	
28/8/2020	WREXHAM	UK			

SECTION V

Equine Influenza Only
Vaccination Record
Details of every vaccination which the horse undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian.
Grippe équine seulement
Enregistrement des vaccinations
Toute vaccination sublie par le cheval doit être portée dans le cadre ci-dessous de façon lisible at précise avec le nom et la signature du vétérinaire.

Date *Date*	Place Lieu	Country Pays	Vaccine/Vacin Name/Nom	 Batch Number/Numéro du lot	Name (printed) and signature of veterinarian Nom en capitales et signature du véterinaire

APPENDIX F

HORSE PASSPORT – SEREN

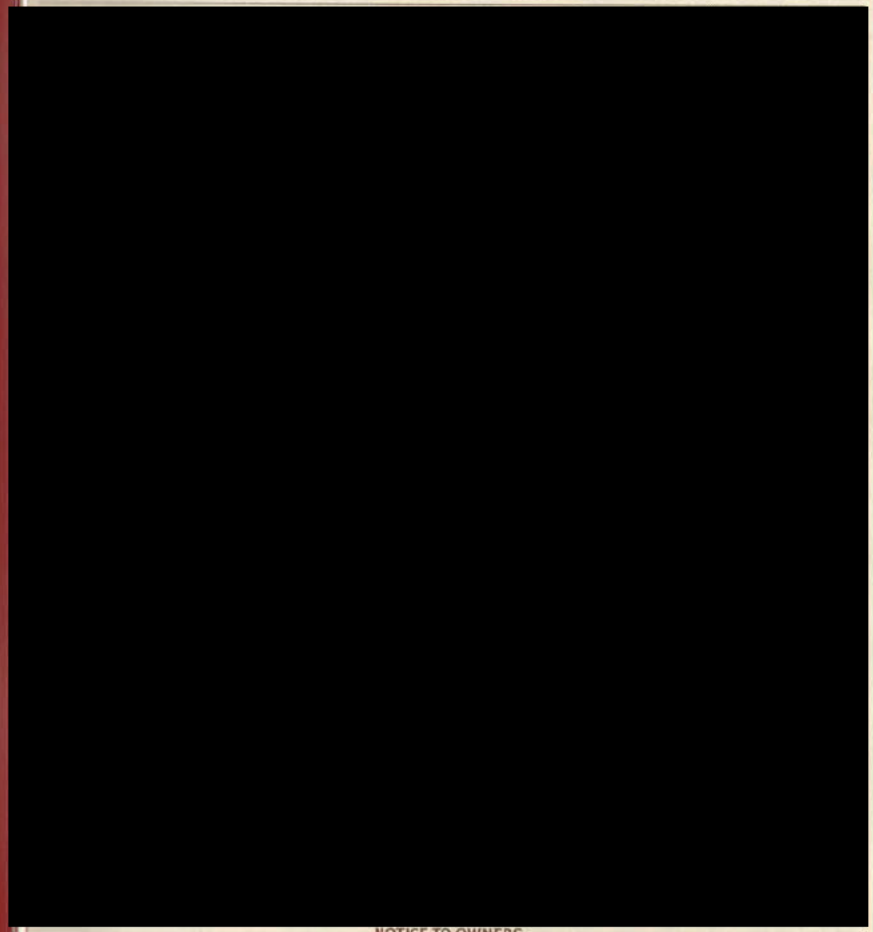
The attached horse passport issued by the Horse Passport Agency to the applicant on 11 September 2017 in respect of a piebald mare named Seren (d.o.b. 19/05/2013) lists the flu and tetanus vaccines administered between April 2019 and December 2022, with the address recorded as Pen-y-Cae.

Horse Passport Agency

DOCUMENT OF REGISTRATION

PO Box 74, Ellesmere,
SY12 2AD
03330 124 112

www.horsepassportagency.co.uk



NOTICE TO OWNERS:

It is a requirement that any changes to the owner, or animal details, are reported to the Horse Passport Agency within 30 days. **ALTERING DETAILS ON THIS PASSPORT IS AN OFFENCE.**

This document of registration (horse passport) is issued as an aid to the identification of the animal. It is not a certificate of legal ownership and should not be construed as such. It remains the property of Horse Passport Agency Ltd and can be recalled at any time. Whilst the issuers of this document believe the information contained within it to be correct they cannot guarantee its accuracy, in particular where it is dependent on information supplied to them, and cannot accept liability for any loss resulting from errors that may arise.

1a. Species *Espece*	1b. Sex *Sexe*	2a. Date of Birth *Date de naissance*	2b. Country of Birth *Pays de naissance*
HORSE/PONY	**FEMALE**	**19/05/2013**	**UK**

3. Description *Signalement*

Colour *Robe*	**PIEBALD**
Head *Tete*	BLAZE. FLESH MARK. WHORL ABOVE EYE LEVEL ON CENTRE LINE.
Neck *Encolure*	THROAT WHORL. NO CREST WHORLS FOUND
Foreleg L *Ant. G*	WHITE TO KNEE.
Foreleg R *Ant. D*	WHITE TO ABOVE KNEE.
Hind Leg L *Post. G*	WHITE TO ABOVE HOCK.
Hind Leg R *Post. D*	WHITE TO ABOVE HOCK.
Body *Corps*	WHITE TO BODY AS SHOWN. CHEST WHORL. LEFT STIFLE WHORL. RIGHT STIFLE WHORL.
Markings *Marques*	Nil

4. Unique Life Number (15 digits)
Numero Unique d'identification valable a vie (15 chiffres)
[redacted]

5. Transponder code (where available) Reading system (if not ISO 11784)
Code du transpondeur (si disponible) Systeme de lecture (si different de ISO 11784)
[redacted]

6. Alternative method of of identity verification
Methode alternative de verification d'identite
Not Applicable

7. Information on any other appropriate method providing guarantees to verify the identity of the animal (Blood Group/DNA code) (optional)
Informations sur toute autre methode appropriee donnant les garanties pour verifier l'identite de l'animal (Groupe Sanguin/code ADN) (optionnel)
Not Applicable

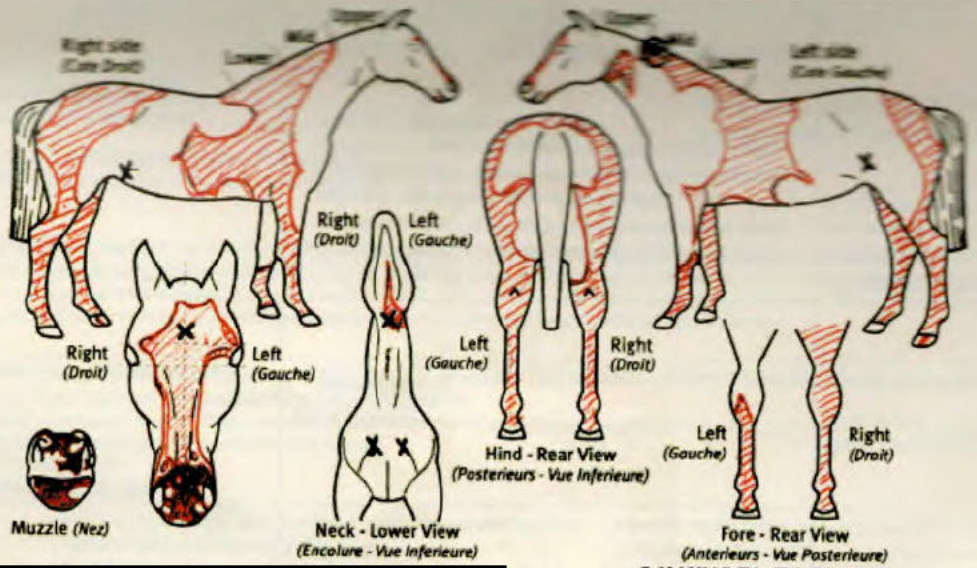
8. Name and address of person to whom document is issued
Nom et adresse du destinataire du document
MRS SHARRON JONES
12 BRO AWELON, PENYCAE
WREXHAM, LL14 2RG

9. Date
Date
11/09/2017

10. Place
Lieu
Horse Passport Agency Ltd

11. Signature of qualified person (name in capital letters). Stamp of issuing body or competant authority
Signature de la personne qualifiee (nom en lettres capitales) Cachet de l'organisme emetteur ou de l'autorite competente
ANDREW DAVIS

REPLACEMENT IDENTIFICATION DOCUMENT



[redacted]

Vet Stamp: 2 X WHORL TO CHEST
WREXHAM EQUINE CARE LTD
Cornish Farm, Francis Lane, Holt,
Wrexham, LL13 9YB
Tel: 01978 664459

21 I am a Veterinary Surgeon & RCVS member. I have read the above microchip today for the animal identified on this application, in accordance with EC 262/2015.

[delete the sentence below if not applicable]

~~I implanted this microchip, mid crest, left side of neck.~~

[redacted]

Section III

SUSPENSION/RE-ESTABLISHMENT OF VALIDITY OF THE IDENTIFICATION DOCUMENT FOR MOVEMENT OF EQUIDAE

in accordance with Article 4(4)(a) of Directive 2009/156/EC

SUSPENSION/RÉTABLISSEMENT DE LA VALIDITÉ DU DOCUMENT D'IDENTIFICATION POUR LES MOUVEMENTS D'ÉQUIDÉS conformément à l'article 4, paragraphe 4, point (a), de la directive 2009/156/CE

Date *Date*	**Place** *Lieu*	**Validity of document** *Validité du document*		**Disease** [insert figure as mentioned below] *Maladie* - inserer chiffre comme indiqué ci-dessous	**Name in capitals and signature of official veterinarian** *Nom en capitales et signature du vétérinaire officiel*
		Validity suspended *Validité suspendue*	**Validity re-established** *Validité rétablie*		

COMPULSORILY NOTIFIABLE DISEASES – *MALADIES À DÉCLARATION OBLIGATOIRE*

1. **African horse sickness** – *peste équine*
2. **Vesicular stomatitis** – *stomatite vésiculeuse*
3. **Dourine** – *dourine*
4. **Glanders** – *morve*
5. **Equine encephalo-myelitis (all types including VEE)** – *encéphalomyelites équines (sous toutes ses formes, y compris la VEE)*
6. **Equine infectious anaemia** – *anémie infectieuse*
7. **Rabies** – *rage*
8. [redacted]*arbonneuse*

Section IV

DETAILS OF OWNERSHIP

Change of ownership must be reported to the Horse Passport Agency within 30 days. You can do this on-line using our Owner Services at www.horsepassportagency.org without returning the passport. Alternatively contact our office to request a Change of Ownership form which will need to be returned with the passport and current fee.

For competition purposes under the auspices of the Federation Equestre Internationale (FEI) the nationality of the horse shall be that of its owner.

RENSEIGNEMENTS RELATIFS AU DROIT DE PROPRIETE

En cas de changement de propriétaire, contactez le Horse Passport Agency Ltd www.horsepassportagency.co.uk

Pour les compétitions relevant de la Federation Equestre Internationale (FEI) la nationalite du cheval est celle de son propriétaire.

Date of Registration, Owner Name, Address and Nationality *Date d'enregistrement, Nom, Adresse et Nationalité du Propriétaire*
FOR OFFICE USE ONLY DO NOT WRITE IN THIS BOX
Signature of Registered Owner *Signature du propriétaire*

Date of Registration, Owner Name, Address and Nationality *Date d'enregistrement, Nom, Adresse et Nationalité du Propriétaire*
FOR OFFICE USE ONLY DO NOT WRITE IN THIS BOX
Signature of Registered Owner *Signature du propriétaire*

Date of Registration, Owner Name, Address and Nationality *Date d'enregistrement, Nom, Adresse et Nationalité du Propriétaire*
FOR OFFICE USE ONLY DO NOT WRITE IN THIS BOX
Signature of Registered Owner *Signature du propriétaire*

EQUINE INFLUENZA ONLY OR EQUINE INFLUENZA USING COMBINED VACCINES

Vaccination Record: Details of every vaccination which the horse/equine animal has undergone must be entered clearly and in detail, and certified with the name and signature of veterinarian.

GRIPPE EQUINE SEULEMENT OU GRIPPE ÉQUINE DANS DES VACCINS COMBINÉS

Enregistrement des vaccinations: Toute vaccination subie par le cheval/l' équidé doit être mentionnée dans le tableau ci-dessous de façon lisible et précise; cette mention doit être suivie du nom et de la signature du vétérinaire

	Date *Date*	Place *Lieu*	Country *Pays*	[redacted]
I	25.4.2019	Penycae	UK	
II	30.05.2019	Penycae	UK	
III	19/12/19	Penycae	UK	
	8/12/20	Penycae	UK	
	08/12/21	PENYCAE	UK	
	02/12/22	PENYCAE	UK	

Page: 14 of 24 for Life Number 826069000221286

EQUINE INFLUENZA ONLY OR EQUINE INFLUENZA USING COMBINED VACCINES

GRIPPE EQUINE SEULEMENT OU GRIPPE ÉQUINE DANS DES VACCINS COMBINÉS

Page: 15 of 24 for Life Number 826069000221286

APPENDIX G

HORSE PASSPORT – REMY

The attached horse passport issued by the Arab Horse Society (AHS) to the applicant on 28 June 2019 in respect of a chestnut gelding called Cumbria Topaz (aka Remy: d.o.b. 24/07/2018) records various vaccinations administered by local vets to the horse at Pen-y-Maes during 2022.

DOCUMENT OF DESCRIPTION

for the identification of FOALS & YEARLINGS, RACEHORSES, BROODMARES & STALLIONS

pour l'identification des poulains, des chevaux d'un an, des chevaux de course, des poulinieres et etalons

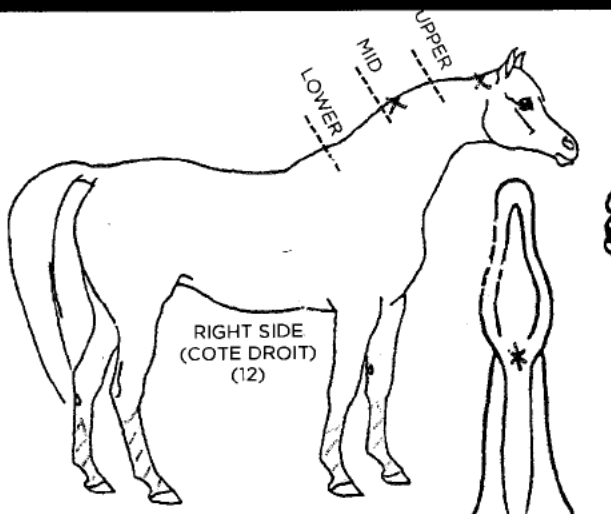
	CUMBRIA TOPAZ
IRTH	24th July 2018
SEX	Chestnut Gelding
	OAKTHWAITE SANDSERO (VMP AZHAR / OAKTHWAITE ELSADYR)
	CUMBRIA BLACK PEARL (AL SOOD / BLACK ENCHANTRESS)
urebred	Dual Registrations
OF BIRTH	Great Britain
	[redacted]
K REFERENCE au Stud Book)	AHSB v24
NUMBER	[redacted]
IP	[redacted]
SSUE	28th June 2019
ONA TYPED/ PARENTAGE TESTED	

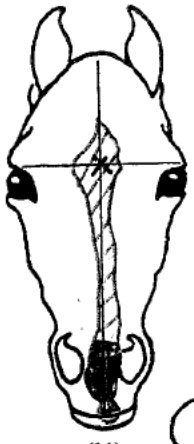
World Arabian Horse Organization

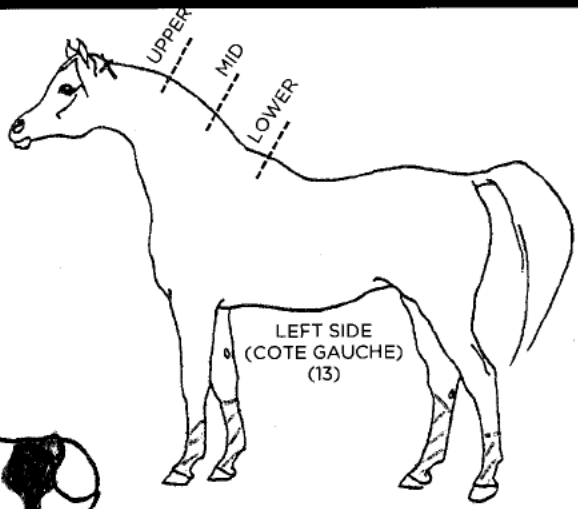
is issued as an aid to the identification of the horse to which it refers and the information shown has been The Arab Horse Society. It is not a certificate of ownership.

ers of the document believe the information contained in it to be correct they cannot guarantee its accuracy, here it is dependant on information supplied to them, and cannot accept liability for any loss resulting from y arise.

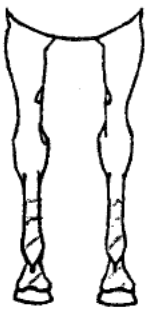
document should be returned at once to
e Society, Agriculture House, Charnham Lane, Hungerford, Berkshire, RG17 0EY

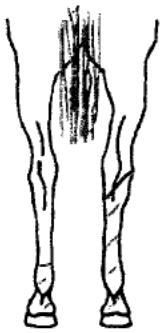












985 082 604 404 499

Microchip No

SIGNATURE, ADDRESS AND STAM[redacted]

Colin Tait BVMS MRCVS
Equestrian Veterinary Practice
Duns, TD11 3PU

DATE OF EXAMINATION

09 / 05 / 2019

Examination of all foals to be made before the foal is 4 months old

1. Written description should be typed or written in block capitals
2. Written descriptions and diagram must agree
3. All white markings should be hatched in red
4. Whorls must be shown thus 'X' and described below in detail
5. At least 5 distinguishing features to be noted
6. If no markings please write 'NO MARKINGS'

Friendly.

All animals must be microchipped at the time of identification of markings. THE WRITTEN DESCRIPTION MUST MATCH THE PICTORIAL ONE. INCOMPLETE OR ILLEGIBLE DESCRIPTIONS CANNOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER FORTHWITH.

COLOUR (ROBE)	SEX (SEXE)	*DATE OF BIRTH (ANNEE)	*SIRE (PERE)	*DAM (MERE)
CHESTNUT	GELDING	24 / 07 / 2018	OAKTHWAITE SANDSTO	CUMBRIA BLACK PEARL

HEAD (TETE)	MEDIAN WHORL AT UPPER EYE LEVEL FOREHEAD STAR WITH CONJOINED STRIPE TERMINATING ON MUZZLE AS FLESH MARKINGS	
NECK (ENCOLURE)	THROAT LATCH WHORL BILATERAL CREST WHORL IN UPPER THIRD RIGHT CREST WHORL ON MID NECK	HOOF COLOUR (COULEUR DE SABOT)
L.F. (A.G.)	WHITE TO MID CANNON	WHITE
LEGS (JAMBES) R.F. (A.D.)	WHITE TO MID CANNON	WHITE
L.H. (P.G.)	WHITE TO ~~PROXIMAL~~ MID CANNON	WHITE
R.H. (P.D.)	WHITE TO PROXIMAL CANNON	WHITE
BODY (CORPS)	NO MARKINGS	
ACQUIRED MARKS (MARQUES ACQUISES)	NO MARKINGS	

826044000034045

826044000034045

2

3

SECTION III

SUSPENSION/RE-ESTABLISHMENT OF THE DOCUMENT FOR MOVEMENT OF THE EQUINE

in accordance with Article 4(4) (a) of Directive 2009/156/EC

Suspension/Rétablissement de la validite du document d'identification pour les movements d'equides.

Conformément à EU Regulation 262/15

Date Date	**Place** Lieu	**Validity of document**/Validité du document		**Disease (insert figure as mentioned below)** Maladie	**Name (in capital letters) and signature of official veterinarian** Nom en capitales et signature du vétérinaire officiel
		Validity suspended Validité suspendue	**Validity re-established** Validité rétabile		

Details of ownership Détails de droit de propriété

Date of Registration, by the organisation, association, or official agency *Date d'enregistrement par l'organisation, l'association*	Name and address of owner/ *Nom et adresse du propriétaire*	Nationality of owner *Nationalité du propriétaire*	Signature of owner *Signature du propriétaire*	Organisation, association or official agency stamp and signature *Cachet de l'organisation, association ou service officiel et signature*
[redacted]				
				The Arab Horse Society JW

OWNERSHIP

VACCINATIONS FOR EQUINE INFLUENZA

SECTION VII

Equine influenza only or equine influenza using combined vaccines

Grippe équine seulement ou Grippe équine dans le cadre de vaccins combinés

Vaccination record: Details of every vaccination which the horse undergoes must be entered clearly and in detail, and certified with the name and signature of veterinarian. Altered vaccination details and dates are not acceptable.

Enregistrement des vaccinations: Toute vaccination subie par le cheval doit être portée dans le cadre ci-dessous de façon lisible et précise avec le nom et la signature vétérinaire. Les dates et vaccinations ne peuvent pas être modifiés.

Date Date	[redacted]
1. Initial Vaccination Premiere vaccination	
2. Betweeen 21 - 92 days later Entre 21 - 92 jours	
3. Between 150 - 215 days later Entre 150 - 215 jours 08/7/22	

Date Date	Place Lieu	Country Pays	Vaccine/Vaccin Name Nom	Batch number Numéro du lot	Diseases(s) Maladie(s)	Practice Stamp, name (in capital letters) and signature of veterinarian Nom en capitales et signature du vétérinaire

FLU VACCINATIONS

SECTION XI

Chestnuts

The outline of each chestnut must be drawn in the appropriate square for all horses without markings and with less than three whorls.

Chataignes

Pour tous les chevaux ne presentant aucune marque et avant moins de trois epis, le contour de chaque chataigne doit etre dessine dans le carre correspondant.

Foreleg Right / *Antérieur droit*	**Hindleg Right** / *Postérieur droit*
Foreleg Left / *Antérieur gauche*	**Hindleg Left** / *Postérieur gauche*

ZOOTECHNICAL CERTIFICATE

8. Date of birth of animal 27 July 2018

9. Country of birth of animal United Kingdom

10. Name, address and email address of breede

6. Breeding book number Volume 24

Reading system (if not ISO 11784)

[redacted]

[redacted]

[redacted]

[redacted]

APPENDIX H

BUNDLE OF INVOICES FROM WREXHAM EQUINE CARE

These copy invoices relate to veterinary visits to the site between 2018 and 2025 to treat Bo, Seren, Poppet, Caprice and Remy.

Invoice Nº 2001256

Date: 7/11/18
Account: W010097

[redacted]

Wrexham Equine Care

Cornish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel: 01978 664459

WREXHAM EQUINE CARE
Part of Fyrnwy Equine Group

www.fyrnwy.co.uk

[redacted]

Date	Vet	Description	Fees Before Discount: Services	Drugs	Laboratory	Discount	Fees After Discount	VAT	Discounted Fees Inc. VAT
		Bo							
30/10/18	SD1	Zone Visit	[redacted]						
		Examine - Pom Check							
		Take Blood Sample							
		Chanazone Oral Powder Sachet - 100x5G: 16 sachets							
		Liphook Acth Lab Fee							
		Lab Ref 367738 FOC Voucher							
		Postage & Packaging - Sample to Lab							
		TOTALS	[redacted]						

Vat Code Breakdown
Standard rate 20% [redacted]

Total Fees
Total VAT
Total [redacted]

Invoice Nº 2022044
Date: 31/12/20
Account: W010097

11/01/21
Paid

Wrexham Equine Care

Cornish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel: 01978 664459

WREXHAM EQUINE CARE
Part of Fyrnwy Equine Group

www.fyrnwy.co.uk

[redacted]

Date	Vet	Description	Fees Breakdown Services	Drugs	Laboratory	Fees	VAT	Fees Inc. VAT
		Seren						
08/12/20	JoS	Zone Visit	[redacted]			[redacted]		
		Flu Vaccine Annual						
		TOTALS						

Vat Code Breakdown
Standard rate 20% [redacted]

Total Fees
Total VAT
Total [redacted]

Invoice Nº 2030837
Date: 29/9/21
Account: W010097

Wrexham Equine Care

Cornish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel. 01978 664459

WREXHAM EQUINE CARE
Part of Fyrnwy Equine Group

www.fyrnwy.co.uk

[redacted]

Date	Vet	Description
		Poppet
03/09/21	GPO	Visit 10-20 Miles Equine
		Examination
		Equipalazone Flavoured (Per sachet): 16 sachets
		1 BID in feed

Fees Breakdown

	Services	Drugs	Laboratory	Fees	VAT	Fees Inc. VAT
TOTALS	[redacted]					

Vat Code Breakdown
Standard rate 20%

[redacted]

Total Fees
Total VAT
Total

[redacted]

Invoice Nº 2032160
Date: 31/10/21
Account: W010097

Wrexham Equine Care

Cornish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel: 01978 664459

WREXHAM EQUINE CARE
Part of Fyrnwy Equine Group

www.fyrnwy.co.uk

[redacted]

Date	Vet	Description	Fees Breakdown Services	Drugs	Laboratory	Fees	VAT	Fees Inc. VAT
		Caprice						
26/10/21	SW1	Zone Visit	[redacted]					
		Take Blood Sample						
		For ACTH test						

TOTA[redacted]

Vat Code Breakdown
Standard rate 20%

[redacted]

Invoice N° 2043923

Date: 16/12/22
Account: W010097

Wrexham Equine Care

Cornish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel: 01978 664459

For up to date terms & conditions, please visit the link below:
https://www.fyrnwy.co.uk/terms-of-sale-for-veterinary-services

WREXHAM EQUINE CARE
Part of Fyrnwy Equine Group

www.fyrnwy.co.uk

[redacted]

Date	Vet	Description	Exec Breakdown
		Caprice	
09/12/22	GPO	BozMerix (60 x 10g sachets): 1 box	[redacted]

TOTALS [redacted]

Vat Code Breakdown
(Z) Zero rated [redacted]

[redacted]

Invoice N° 2050359

Date: 26/7/23
Account: W010097

Wrexham Equine Care
Cornish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel: 01978 664459

[redacted]

ase visit the link below:
e-for-veterinary-services

WREXHAM EQUINE CARE
Part of Fyrnwy Equine Group

www.fyrnwy.co.uk

[redacted]

Date	Vet	Description	Fees Breakdown					
			Services	Drugs	Laboratory	Fees	VAT	Fees Inc. VAT
		Caprice						
25/07/23	GPO	Zone Visit						
		Take Blood Sample						
		Liphook - ACTH Lab Fee						
		Postage and Packaging Special Delivery 0-500g: 1 unit						
		TOTALS	[redacted]					

[redacted]

Invoice Nº 2059038

Date: 18/6/24
Account: W010097

Wrexham Equine Care

Comish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel: 01978 664459

For up to date terms & conditions, please visit the link below:
https://www.fymwy.co.uk/terms-of-sale-for-veterinary-services

WREXHAM EQUINE CARE
Part of Fymwy Equine Group

www.fymwy.co.uk

[redacted]

[redacted]

Date	Vet	Description
		Remy
11/06/24	GPO	Visit 11 - 20 Miles Equine
		Re-Exam
		Danilon Sachets: 14 sachets 1 sachet a day in feed
		Doxycycline powder 100g (100%): 1 pot Two big scoops and one small scoop ONCE a day in feed

TOTAL

[redacted]

Vat Code Breakdown
Standard rate 20%

Invoice Nº 2070202

Date: 13/8/25
Account: W010097

Wrexham Equine Care

Cornish Farm, Francis Lane, Holt, Wrexham LL13 9YB
Tel: 01978 004499

For up to date terms & conditions, please visit the link below:
https://www.fyrnwy.co.uk/terms-of-sale-for-veterinary-services

WREXHAM EQUINE CARE
Part of Fyrnwy Equine Group

www.fyrnwy.co.uk

[redacted]

[redacted]

Date	Vet	Description	Fees Breakdown: Services	Drugs	Laboratory	Fees	VAT	Fees Inc. VAT
		Poppet						
11/08/25	THu	Visit 11 - 20 Miles Equine						
		Out of Hours Fee Weekdays (5pm to 10pm)						
		Examination/Consultation						
		Rectal Examination						
		Pass Stomach Tube						
		MSD Finadyne sol 50mg 100ml (Per ml): 11ml						
		Spasmipur 20mg/ml (Per ml)): 5ml						
		Nerfasin Inj 10% 25ml (Per ml): 3.5ml						
		Injection Fee						
		TOTALS						[redacted]

PAYMENT STRICLTY WITHIN 7 DAYS- failure to do so may incur additional fees added to your account.

Vat Code Breakdown
Standard rate 20%

APPENDIX I

TIMESTAMPED PHOTOGRAPHS OF HORSES ON THE LAND FROM 2012 – 2026 AS WELL AS AN AERIAL IMAGE FROM GOOGLE EARTH SHOWING THE APPROXIMATE POSITION FROM WHICH EACH PHOTOGRAPH WAS TAKEN

Photo 1 (with gates into two separate fields behind) – January 2026



Poppet, Remy, Seren (L to R)

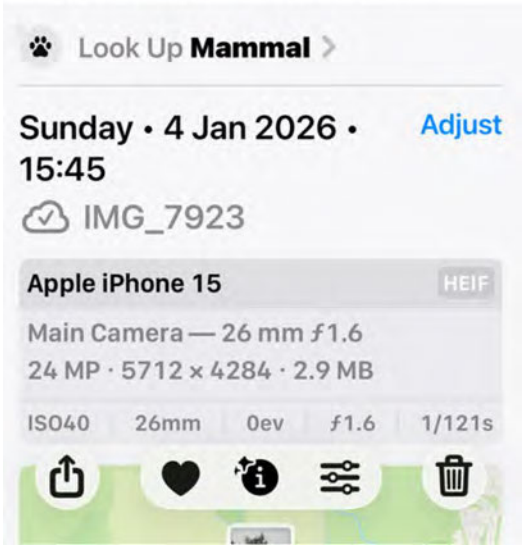


Photo 2 (from field with gate in background) – 7 March 2021 with Google Photos timestamp

The image shows two horses owned by a friend of the applicant, which were being kept on the land at that time (Morgan - the Shetland pony - and Rosco)



Photo 3 (with container in background) – 13 July 2019 with Google Photos timestamp

The image shows Caprice in front of Seren

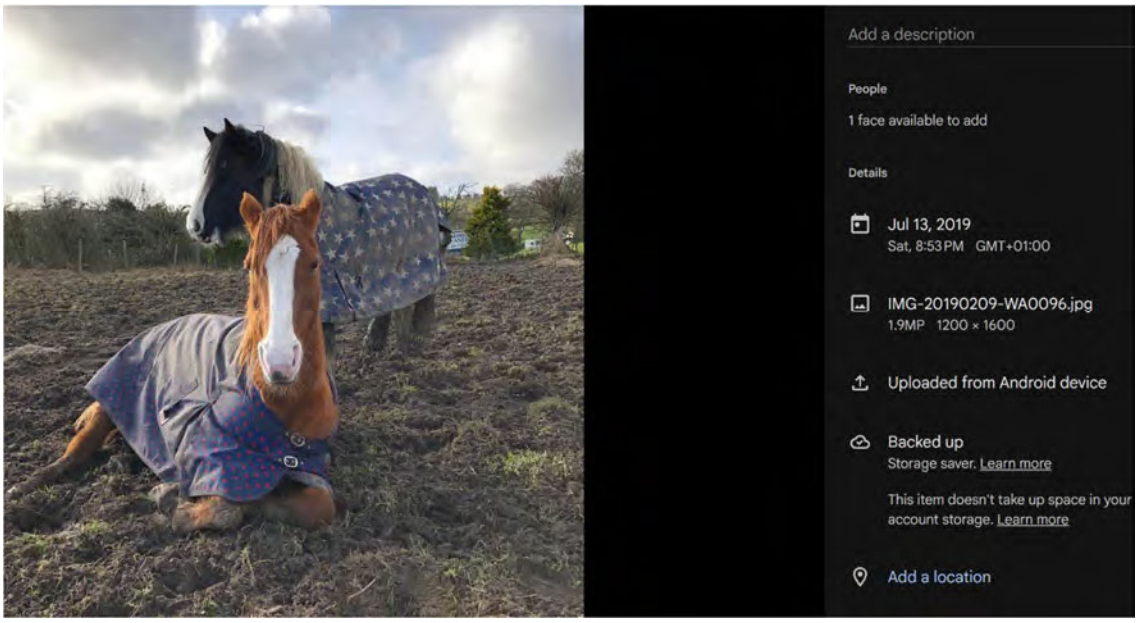


Photo 4 (with overhead power lines in it) – 28 June 2017 with Google Photos timestamp

The image shows Bo (aka Evelyn's Moonshadow)

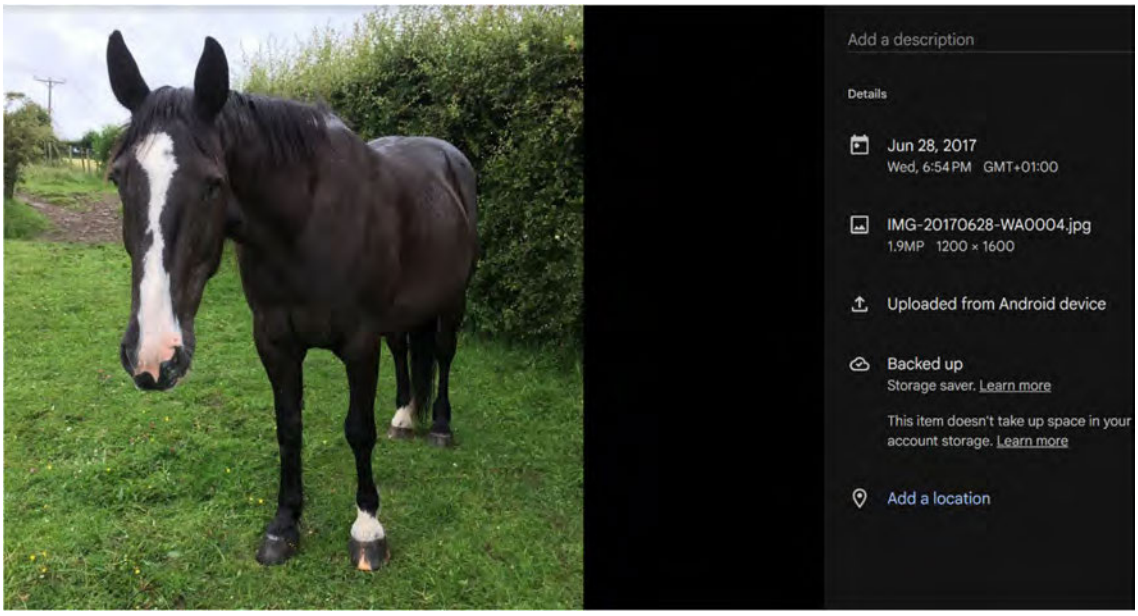


Photo 5 (with large tree in background) – 28 May 2016 with Google Photos timestamp

The image shows Caprice on the left and Bo on the right



Photo 6 (with container in background) – 24 January 2015

The image shows Seren on the left and Poppet on the right with Caprice standing behind them

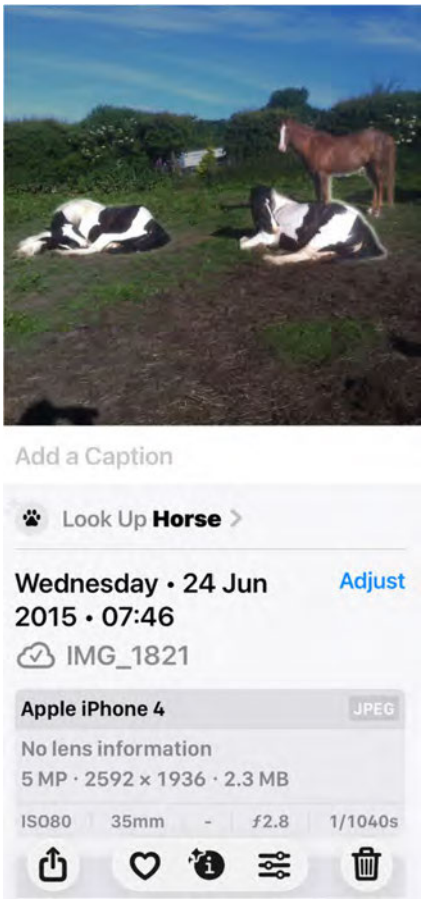


Photo 7 (with cottages in background) – 19 May 2013 with Facebook timestamp

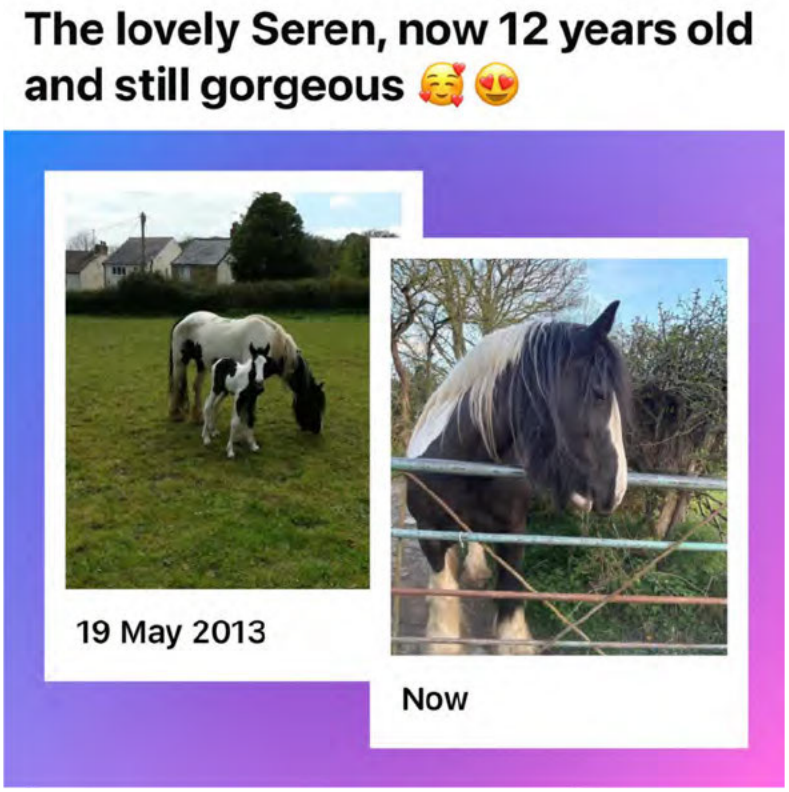


Photo 8 (with powerline pole in background) – 26 July 2012 with Facebook timestamp

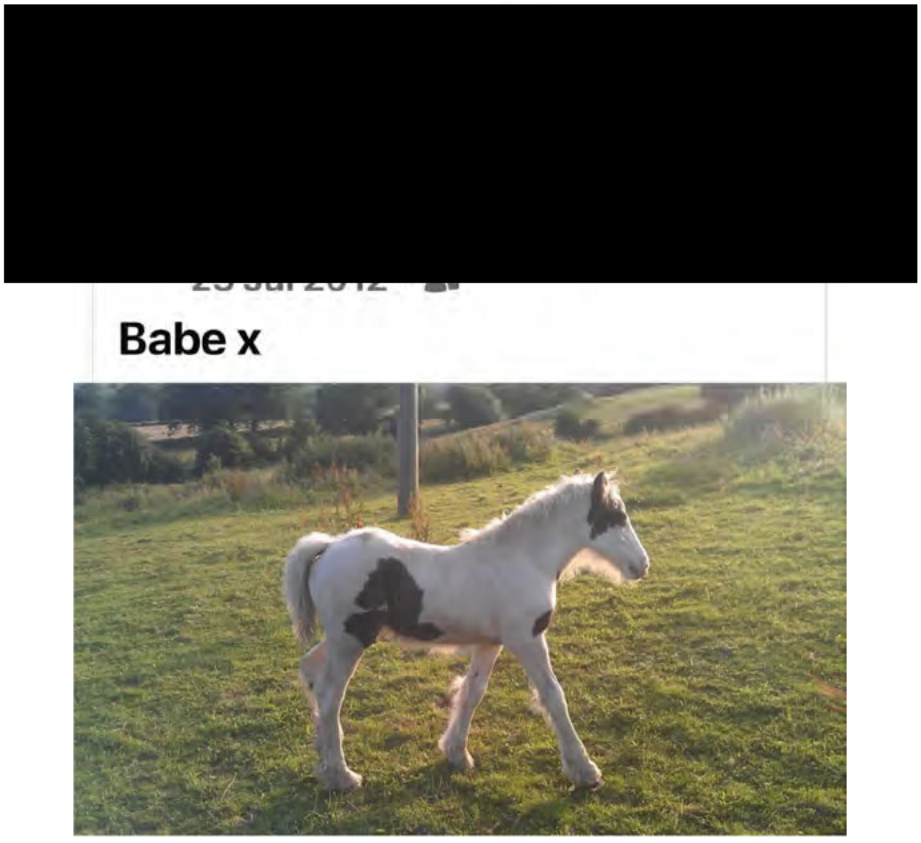
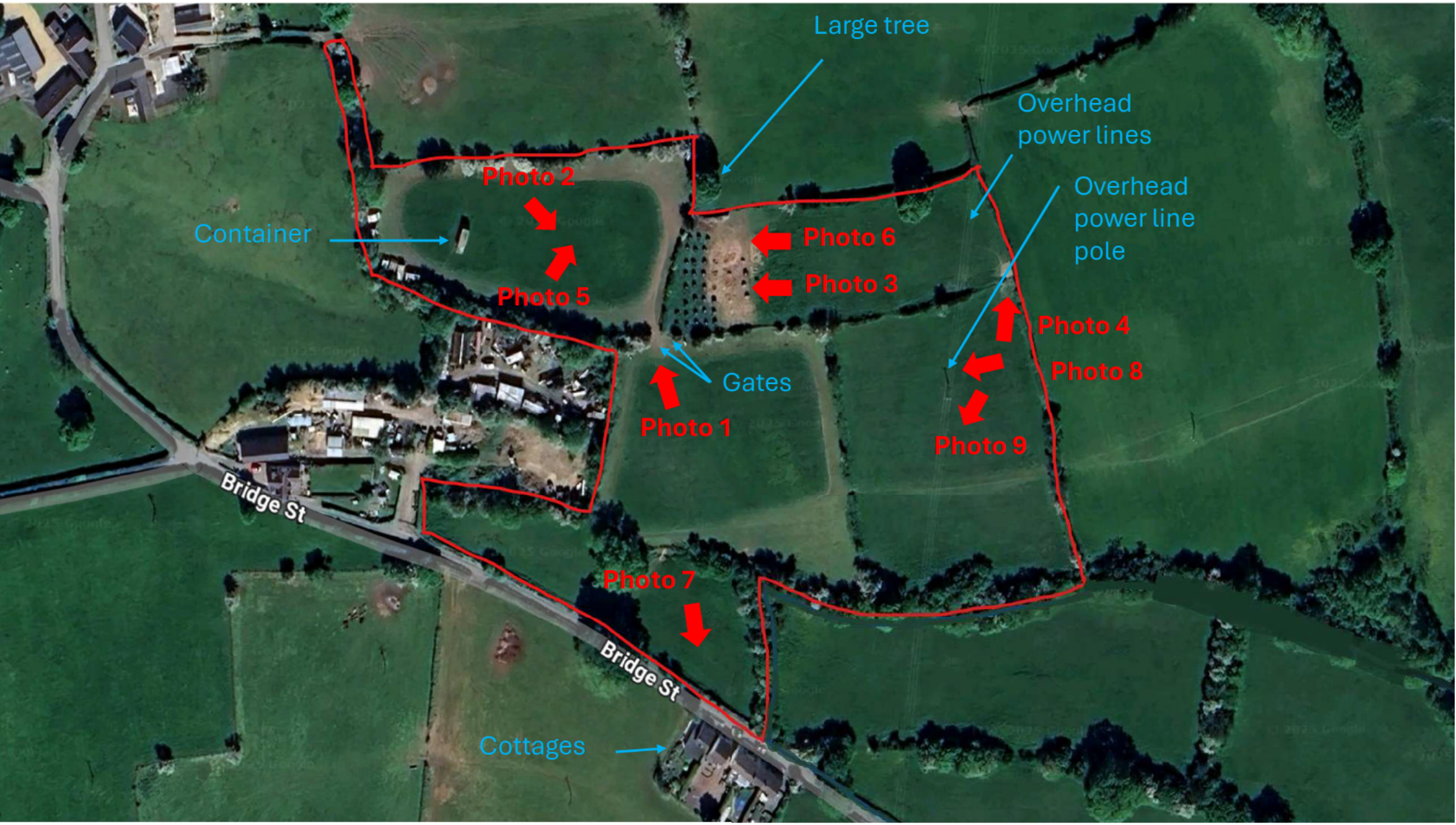


Photo 9 (with powerline in background) – 25 July 2012 with Facebook timestamp

[redacted]

Our new babies! Poppet and Babe :)




Large tree
Overhead power lines
Overhead power line pole
Photo 2
Container
Photo 6
Photo 3
Photo 5
Photo 4
Photo 8
Gates
Photo 1
Photo 9
Bridge St
Photo 7
Bridge St
Cottages

APPENDIX J

SWORN AFFIDAVIT BY [redacted] (FARRIER)
REDACTED COPY

SWORN AFFIDAVIT
TO SUPPORT AN APPLICATION
FOR A
LAWFUL DEVELOPMENT
CERTIFICATE
relating to Pen-y-Maes Fields,
Trefechan, Pen-y-Cae, Wrexham
LL14 1UE

I [redacted] do make oath as follows:

1. I make this sworn affidavit in support of an application by Mrs Sharron Jones for a Lawful Development Certificate relating to the use of land known as Pen-y-Maes Fields, Trefechan, Pen-y-Cae, Wrexham LL14 1UE, as shown edged red on the plan attached to this affidavit and marked **Exhibit A** ("the land"), for the keeping and riding of horses for personal recreational purposes.

2. I have worked as a self-employed farrier since 1989. I have known Mrs Jones since 1993, when horses were first kept on the land. Since that time, I have visited the land on a regular basis, usually every 6 weeks or so, to trim, treat and shoe the horses that are kept on the land.

3. I can confirm that while the number of horses has varied from time to time, I have always seen at least two or three horses present on the land, being kept in different locations across Pen-y-Maes Fields.

I make this affidavit based on my own knowledge.

Signed [redacted] .....

Sworn at WREXHAM COUNTY COURT.

In the County of WREXHAM.....

This 29 day of APRIL 2026

Before me..... [redacted]

Signed..... [redacted] .....

(~~Solicit~~or / Commissioner for Oaths)

EXHIBIT A

HM Land Registry

Title number **CYM776966**
Ordnance Survey map reference **SJ2745NW**
Scale **1:1250 enlarged from 1:2500**
Administrative area **Wrexham / Wrecsam**



This official copy is incomplete without the preceding notes page.
Mae'r copi swyddogol hwn yn anghyflawn heb y dudalen nodiadau flaenorol.

This is the exhibit marked **Exhibit A** referred to in the *affidavit* of Sharron Jones sworn before me, *(name of person before whom affidavit was made)*

Signed..[redacted]

Sworn at..WREXHAM COUNTY COURT.

In the County of..WREXHAM

this 29 day of APRIL . 2026

Before me

Signed.....[redacted]

